### Senate



General Assembly

File No. 93

February Session, 2008

Senate Bill No. 475

Senate, March 20, 2008

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

## AN ACT EXEMPTING INSURANCE CONTRACTS AND POLICIES FOR MUNICIPALITIES FROM THE INSURANCE PREMIUM TAX.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Section 12-202 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2008, and applicable to income years commencing on or after January 1, 2008*):
- 4 (a) Each domestic insurance company shall, annually, pay a tax on 5 the total net direct premiums received by such company during the 6 calendar year next preceding from policies written on property or risks 7 located or resident in this state. The rate of tax on all net direct 8 insurance premiums received on and after January 1, 1995, shall be one 9 and three-quarters per cent. The franchise tax imposed under this 10 section on premium income for the privilege of doing business in the 11 state is in addition to the tax imposed under chapter 208. In the case of 12 any local domestic insurance company the admitted assets of which as 13 of the end of an income year do not exceed ninety-five million dollars, 14 eighty per cent of the tax paid by such company under chapter 208

15 during such income year reduced by any refunds of taxes paid by such 16 company and granted under said chapter within such income year and 17 eighty per cent of the assessment paid by such company under section 18 38a-48 during such income year shall be allowed as a credit in the 19 determination of the tax under this chapter payable with respect to 20 total net direct premiums received during such income year, provided 21 that these two credits shall not reduce the tax under this chapter to less 22 than zero, and provided further in the case of a local domestic 23 insurance company which is a member of an insurance holding 24 company system, as defined in section 38a-129, these credits shall 25 apply if the total admitted assets of the local domestic insurance 26 company and its affiliates, as defined in said section, do not exceed 27 two hundred fifty million dollars or, in the alternative, in the case of a 28 local domestic insurance company which is a member of an insurance 29 holding company system, as defined in section 38a-129, these credits 30 shall apply only if total direct written premiums are derived from 31 policies issued or delivered in Connecticut, on risk located in 32 Connecticut and, as of the end of the income year the company and its 33 affiliates have admitted assets minus unpaid losses and loss 34 adjustment expenses that are also discounted for federal and state tax 35 purposes and which for said local domestic insurance company and its 36 affiliates, as defined in said section do not exceed two hundred fifty 37 million dollars.

(b) Notwithstanding the provisions of subsection (a) of this section, the tax shall not apply to any new or renewal contract or policy entered into with a municipality on or after July 1, 2008, to provide health care coverage to municipal employees, retirees and their dependents.

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- Sec. 2. Section 12-202a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2008, and applicable to income years commencing on or after January 1, 2008*):
  - (a) Each health care center, as defined in section 38a-175, that is governed by sections 38a-175 to 38a-192, inclusive, shall pay a tax to

the Commissioner of Revenue Services for the calendar year commencing on January 1, 1995, and annually thereafter, at the rate of one and three-quarters per cent of the total net direct subscriber charges received by such health care center during each such calendar year on any new or renewal contract or policy approved by the Insurance Commissioner under section 38a-183. Such payment shall be in addition to any other payment required under section 38a-48.

(b) Notwithstanding the provisions of subsection (a) of this section, the tax shall not apply to:

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- (1) Any new or renewal contract or policy entered into with the state on or after July 1, 1997, to provide health care coverage to state employees, retirees and their dependents;
- 60 (2) Any subscriber charges received from the federal government to 61 provide coverage for Medicare patients;
- 62 (3) Any subscriber charges received under a contract or policy 63 entered into with the state to provide health care coverage to Medicaid 64 recipients under the Medicaid managed care program established 65 pursuant to section 17b-28, which charges are attributable to a period 66 on or after January 1, 1998;
  - (4) Any new or renewal contract or policy entered into with the state on or after April 1, 1998, to provide health care coverage to eligible beneficiaries under the HUSKY Medicaid Plan Part A, HUSKY Part B, or the HUSKY Plus programs, each as defined in section 17b-290;
  - (5) Any new or renewal contract or policy entered into with the state on or after April 1, 1998, to provide health care coverage to recipients of state-administered general assistance pursuant to section 17b-192;
    - (6) Any new or renewal contract or policy entered into with the state on or after February 1, 2000, to provide health care coverage to retired teachers, spouses or surviving spouses covered by plans offered by the state teachers' retirement system;

78 (7) Any new or renewal contract or policy entered into <u>with a municipality</u> on or after [July 1, 2001, to provide health care coverage to employees of a municipality and their dependents under a plan procured pursuant to section 5-259] <u>July 1, 2008</u>, to provide health care coverage to municipal employees, retirees and their dependents;

- 83 (8) Any new or renewal contract or policy entered into on or after 84 July 1, 2001, to provide health care coverage to employees of nonprofit 85 organizations and their dependents under a plan procured pursuant to 86 section 5-259;
- (9) Any new or renewal contract or policy entered into on or after July 1, 2003, to provide health care coverage to individuals eligible for a health coverage tax credit and their dependents under a plan procured pursuant to section 5-259;
- 91 (10) Any new or renewal contract or policy entered into on or after 92 July 1, 2005, to provide health care coverage to employees of 93 community action agencies and their dependents under a plan 94 procured pursuant to section 5-259; or
- 95 (11) Any new or renewal contract or policy entered into on or after 96 July 1, 2005, to provide health care coverage to retired members and 97 their dependents under a plan procured pursuant to section 5-259.

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(c) The provisions of this chapter pertaining to the filing of returns, declarations, installment payments, assessments and collection of taxes, penalties, administrative hearings and appeals imposed on domestic insurance companies shall apply with respect to the charge imposed under this section.

This act sha	all take effect as follows and	shall amend the following
sections:		
Section 1	July 1, 2008, and	12-202
	applicable to income years	
	commencing on or after	
	January 1, 2008	

Sec. 2	July 1, 2008, and	12-202a
	applicable to income years	
	commencing on or after	
	January 1, 2008	

INS Joint Favorable

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The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

### **OFA Fiscal Note**

### State Impact:

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$
Department of Revenue Services	GF - Revenue	7.0 million	7.3 million
	Loss		

Note: GF=General Fund

### Municipal Impact:

Municipalities	Effect	FY 09 \$	FY 10 \$
Various Municipalities	Savings	7.0 million	7.3 million

### Explanation

### State Impact

The bill is estimated to result in a General Fund revenue loss of \$7.0 million in FY 09 and \$7.3 million in FY 10 from exempting health insurance contracts and policies sold to municipalities from the Insurance Premiums Tax.

### **Municipal Impact**

Municipalities are anticipated to realize savings of \$7.0 million in FY 09 and \$7.3 million in FY 10 as a result of repealing the Insurance Premiums Tax.

### The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

# OLR Bill Analysis SB 475

## AN ACT EXEMPTING INSURANCE CONTRACTS AND POLICIES FOR MUNICIPALITIES FROM THE INSURANCE PREMIUM TAX.

### SUMMARY:

This bill exempts all new and renewed health insurance plans sold to municipalities on or after July 1, 2008 from the 1.75% premium tax paid by domestic insurance companies and HMOs. Current law only exempts such plans from the tax if sold by an HMO and through the Municipal Employee Health Insurance Plan (MEHIP).

EFFECTIVE DATE: July 1, 2008 and applicable to income years beginning on or after January 1, 2008.

### BACKGROUND

### Premium Tax

By law, HMOs and domestic (Connecticut) and foreign insurers (those organized in another state) must pay an annual premium tax of 1.75% per contract or policy sold in the state. There are numerous exemptions from the HMO premium tax, including contracts covering state employees; Medicare and Medicaid recipients; retired teachers; individuals eligible for a health coverage tax credit; and municipal employees and retirees, nonprofit employees, and community action agency employees covered through MEHIP.

### **MEHIP**

MEHIP is a group health insurance program the Office of the Comptroller sponsors for municipal employees established in statute. The legislature has expanded MEHIP eligibility over the years to include nonprofit community action agencies, state-contracted nonprofit corporations, regional emergency telecommunications

centers and tourism districts, and small employers.

### Related Bill

The Insurance and Real Estate Committee reported out HB 5516, which incrementally reduces the premium tax over three years from 1.75% to 0.5%.

### **COMMITTEE ACTION**

Insurance and Real Estate Committee